

L17000076660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

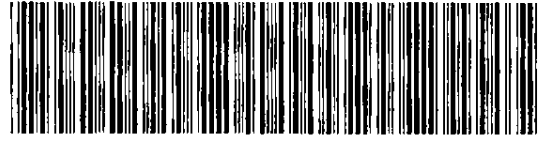
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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a 04/07/17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Angels Wing of Florida LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shelly M. Rayment

Name of Person

Hertz Schram PC

Firm/Company

1760 S. Telegraph Road, Suite 300

Address

Bloomfield Hills, MI 48302

City/State and Zip Code

srayment@hertzschram.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelly M. Rayment 248 335-5000

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Bradley J. Schram¹
Howard Hertz
Victor M. Norris
Robert P. Geller
Steve J. Weiss²
Walter J. Piszczatowski
Jeffrey A. Robbins³
Kenneth F. Silver
Richard H. Schloss
Gerald P. Cavellier
Michael J. Rex
Eva T. Cantarella
Lisa M. Kavalhuna⁴
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Patricia A. Stamler
Alexander Stotland⁵
Lisa D. Stern
Elizabeth C. Thomson
Deborah S. Lapin⁶
Gary M. Reimer⁷
Laurie S. Raab
Daniel W. Rucker
Jan M. Calvert
Joseph A. Bellanca
Matthew J. Turchyn
Delia A. Miller
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March 28, 2017

north:
(mail center)
1760 S. Telegraph Rd
Suite 300
Bloomfield Hills, MI 48302
ph: 248.335.5000
fax: 248.335.3346

downtown:
Chryster House
719 Griswold St
Suite 820-128
Detroit, MI 48226
ph: 313.438.5001
fax: 313.438.5002

Of Counsel
Richard S. Victor
Judge Edward Sosnick (RETI)

¹ Also Member of Fla. & D.C. Bars
² Also Member of Fla. Bar
³ Also C.P.A. and U.M. in Insurance
⁴ Also Member of Ohio Bar
⁵ Also Member of N.Y. Bar
⁶ Also Member of Ill., N.J., Conn. Bars
⁷ Also C.P.A.

New Filing Section
Divisions of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Angels Wing of Florida LLC

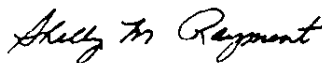
Dear Sir/Madam:

Enclosed please find a cover letter and Articles of Organization for filing concerning the above LLC. Also enclosed is the processing fee in the amount of \$125. Please return a stamped copy in the enclosed self-addressed, stamped envelope.

If you have any questions, please feel free to call.

Very truly yours,

HERTZ SCHRAM PC



Shelly M. Rayment
Certified Paralegal

SMR/nt
enc.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Angels Wing of Florida LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

28437 Sunglow Run Lane
Menifee, CA 92584

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Incorporating Services, Ltd.
Name

1540 Glenway Drive
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

 Wayne Rose, Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Anita F. Tang Revocable Trust u/a/d August 17,
2010, as amended; 28437 Sunglow Run Lane
Menifee, CA 92584

(Use attachment if necessary)

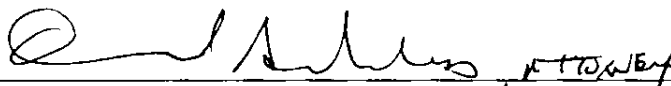
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Richard H. Schloss

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE FLORIDA
CLERK OF STATE